

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/23/2021
FORM APPROVED
OMB NO. 0938-0391

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|---|--|--|--|----------------------------|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445392 | (X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____ | | (X3) DATE SURVEY COMPLETED R 09/17/2021 |
| NAME OF PROVIDER OR SUPPLIER ADAMSPLACE, LLC | | | STREET ADDRESS, CITY, STATE, ZIP CODE 1927 MEMORIAL BOULEVARD MURFREESBORO, TN 37129 | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE | |
| {K 000} | <p>INITIAL COMMENTS</p> <p>Stories: 2 Construction Type: NFPA, II (111); IBC, II protected Plans available on site Constructed: 1997 Sprinklered: Yes Census: 83</p> <p>A Life Safety Code Follow Up Survey was conducted by the State of Tennessee Department of Health Division of Health Licensure and Regulation Office of Health Care Facilities on 9/17/2021. During this Life Safety Code Survey, Adams Place, LLC was found in substantial compliance with the requirements for participation in Medicare/Medicaid at 42 CFR Subpart 483.9, Life Safety from Fire, and the related National Fire Protection Association (NFPA) standard 101-2012.</p> <p>Note: The survey process was modified during this COVID-19 Public Health Emergency as allowed by the COVID-19 Emergency Declaration Blanket Waivers for Health Care Providers and QSO Memo 20-31- All.</p> <p>The requirement at 42 (CFR), Subpart 483.9 is MET as evidenced by:</p> | {K 000} | | | |
| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | | | TITLE | | |
| | | | (X6) DATE | | |

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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7/31/21 8:25:21

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION POC #1 | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445392 | (X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____ | | (X3) DATE SURVEY COMPLETED 06/15/2021 |
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| K 000 | INITIAL COMMENTS Stories: 2 Construction Type: NFPA, II (111); IBC, II protected Plans available on site Constructed: 1997 Sprinklered: Yes Census: 83 A Life Safety Code Survey was conducted by the State of Tennessee Department of Health Division of Health Licensure and Regulation Office of Health Care Facilities on 6/15/2021. During this Life Safety Code Survey, Adams Place, LLC was found not in substantial compliance with the requirements for participation in Medicare/Medicaid at 42 CFR Subpart 483.9, Life Safety from Fire, and the related National Fire Protection Association (NFPA) standard 101-2012. Note: The survey process was modified during this COVID-19 Public Health Emergency as allowed by the COVID-19 Emergency Declaration Blanket Waivers for Health Care Providers and QSO Memo 20-31- All. The requirement at 42 (CFR), Subpart 483.9 is NOT MET as evidenced by: | K 000 | | | |
| K 321 SS=D | Hazardous Areas - Enclosure CFR(s): NFPA 101 Hazardous Areas - Enclosure Hazardous areas are protected by a fire barrier having 1-hour fire resistance rating (with 3/4 hour fire rated doors) or an automatic fire extinguishing system in accordance with 8.7.1 or 19.3.5.9. When the approved automatic fire extinguishing | K 321 | | | |

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| K 321 | <p>Continued From page 1</p> <p>system option is used, the areas shall be separated from other spaces by smoke resisting partitions and doors in accordance with 8.4. Doors shall be self-closing or automatic-closing and permitted to have nonrated or field-applied protective plates that do not exceed 48 inches from the bottom of the door. Describe the floor and zone locations of hazardous areas that are deficient in REMARKS. 19.3.2.1, 19.3.5.9</p> <p>Area Automatic Sprinkler Separation N/A</p> <p>a. Boiler and Fuel-Fired Heater Rooms b. Laundries (larger than 100 square feet) c. Repair, Maintenance, and Paint Shops d. Soiled Linen Rooms (exceeding 64 gallons) e. Trash Collection Rooms (exceeding 64 gallons) f. Combustible Storage Rooms/Spaces (over 50 square feet) g. Laboratories (if classified as Severe Hazard - see K322)</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, the facility failed to protect hazardous areas.</p> <p>The findings included:</p> <p>1) Observation on 6/15/2021 at 9:58 AM, revealed that the door to the environmental services office (being used for paper goods and cleaning solution storage,) was held open with a rubber door stop. NFPA 101, 19.3.2.1.3 (2012 Edition)</p> <p>2) Observation on 6/15/2021 at 10:35 AM,</p> | K 321 | | | |

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| K 321 | Continued From page 2 revealed that the door to the storage room (by classroom) would not latch within the frame. NFPA 101, 19.3.2.1.3 (2012 Edition) | K 321 | | | |
| K 324 SS=D | The Maintenance Director was present when these deficiencies were identified and the Administrator acknowledged the deficiencies during the exit conference on 6/15/2021. Cooking Facilities CFR(s): NFPA 101 Cooking Facilities Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless: * residential cooking equipment (i.e., small appliances such as microwaves, hot plates, toasters) are used for food warming or limited cooking in accordance with 18.3.2.5.2, 19.3.2.5.2 * cooking facilities open to the corridor in smoke compartments with 30 or fewer patients comply with the conditions under 18.3.2.5.3, 19.3.2.5.3, or * cooking facilities in smoke compartments with 30 or fewer patients comply with conditions under 18.3.2.5.4, 19.3.2.5.4. Cooking facilities protected according to NFPA 96 per 9.2.3 are not required to be enclosed as hazardous areas, but shall not be open to the corridor. 18.3.2.5.1 through 18.3.2.5.4, 19.3.2.5.1 through 19.3.2.5.5, 9.2.3, TIA 12-2 | K 324 | | | |

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| K 324 | Continued From page 3 This REQUIREMENT is not met as evidenced by: Based on interview, the facility failed to protect the cooking facilities. The findings included: Interview with kitchen staff member #1 and #2 on 6/15/2021 at 11:30 AM, revealed the kitchen staff members were not knowledgeable of proper fire procedures for fires under the kitchen hood including: use of hood suppression system as primary means of extinguishment and the manual activation of the hood suppression system. NFPA 101, 19.3.2.5.2 (2012 Edition) NFPA 101, 9.2.3 (2012 Edition) NFPA 96, 10.2.1 (2011 Edition) NFPA 96, 10.5.7 (2011 Edition) The Maintenance Director was present when this deficiency was identified and the Administrator acknowledged this deficiency during the exit conference on 6/15/2021. | K 324 | | | |
| K 511 SS=D | Utilities - Gas and Electric CFR(s): NFPA 101 Utilities - Gas and Electric Equipment using gas or related gas piping complies with NFPA 54, National Fuel Gas Code, electrical wiring and equipment complies with NFPA 70, National Electric Code. Existing installations can continue in service provided no hazard to life. 18.5.1.1, 19.5.1.1, 9.1.1, 9.1.2 This REQUIREMENT is not met as evidenced | K 511 | | | |

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| K 511 | <p>Continued From page 4</p> <p>by: Based on observations, the facility failed to follow power strip and extension cord regulations.</p> <p>The findings included:</p> <p>Observation on 6/15/2021 at 9:55 AM, revealed the following in the environmental services office:</p> <p>1) an extension cord was being used to power a power strip under a desk</p> <p>2) a power strip being used to charge portable cleaning machinery was plugged into another power strip.</p> <p>NFPA 101, 19.5.1.1 (2012 Edition); NFPA 101, 9.1.2 (2012 Edition); NFPA 70: 400.8 (2011 Edition)</p> <p>The Maintenance Director was present when these deficiencies were identified and the Administrator acknowledged these deficiencies during the exit conference on 6/15/2021.</p> | K 511 | | | |

K321

1. It is the policy & procedure that AdamsPlace complies with the applicable building and fire safety regulations. The door stopper was removed on 6/15/21 from the Environmental Services office door. Staff in-service will be conducted the week of 07/05/21 by the Director of Plant Operations related to the regulations regarding the use of using rubber door stops or any object to prop open any door.

2. The storage room door across from the classroom was repaired on 6/18/21 and latches correctly according to guidelines. The Maintenance Director/Assistant will continue to monitor the closing of the storage room doors to ensure they are latching properly.

Completion Date: 7/12/21

K324

It is the policy & procedure that AdamsPlace complies with the applicable building and fire safety regulations. Staff in-service will be conducted the week of 7/05/21 by the Director of Plant Operations & Food Service Director regarding the proper fire procedures for fires under the kitchen hood including use of hood suppression system and the manual activation of hood suppression system. Beginning the week of 7/05/21, a Quality Assurance study will be completed by the Plant Ops Director and Food Service Director weekly for 4 weeks. The Director of Food Services will monitor compliance and report to the facility's Quality Assurance Committee, which consist of the Administrator, Director of Nursing, medical director, one physician, housekeeping supervisor, maintenance supervisor, activity director. Studies and on-going in-services training will be conducted as determined by the Director of Food Service and Quality Assurance Committee.

Completion date: 7/30/21

K511

1. It is the policy & procedure that AdamsPlace complies with the applicable building and fire safety regulations. The extension cord was removed from the Environmental Services Office desk on 6/18/21. Staff in-services will be conducted the week of 07/05/21 by the Director of Plant Operations regarding the use of extension cords. Director of Plant Operations will continue to monitor for compliance.

2. The power strip that was plugged into an additional power strip to charge the cleaning equipment was removed on 6/15/21. Staff in-services will be conducted the week of 07/05/21 by the Director of Plant Operations regarding the use of extension cords. Director of Plant Operations will continue to monitor for compliance.

Completion date: 7/12/21

N831

It is the policy & procedure that AdamsPlace complies with the applicable building and fire safety regulations.

1. The penetrations by a sprinkler pipe and an empty hole in the rated wall of the electrical room in the service hall corridor have been repaired.

2. The penetration by a plumbing pipe in the rated wall of the storage room by the classroom has been repaired.

3. The penetration by a metal clad electrical cable and a metal conduit in the rated wall of the 2nd floor mechanical room by the clean linen room has been repaired.

4. The synchronization of the fire alarm strobes will be repaired by an outside vendor to stay within the compliance of regulations.

The Director of Plant Operations will continue to monitor for compliance.

Completion date: 7/30/21


Administrator 7-2-21

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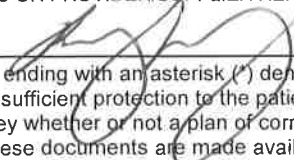
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| E 000 | Initial Comments A Life Safety Survey was conducted by the State of Tennessee Department of Health Division of Health Licensure and Regulation Office of Health Care Facilities survey on 6/15/2021. During this Life Safety Survey, Adams Place, LLC was found in substantial compliance with the requirements for participation in Medicare/Medicaid at 42 CFR Subpart 483.73, Emergency Preparedness. Note: The survey process was modified during this COVID-19 Public Health Emergency as allowed by the COVID-19 Emergency Declaration Blanket Waivers for Health Care Providers and QSO Memo 20-31- All. | E 000 | | | |

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TITLE

(X6) DATE

 Administrator 7/2/21

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